

# The Public Health Journal

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## SPECIAL ARTICLES

### HEALTH SERVICE IN SCHOOLS

EUNICE H. DYKE

### THE SCHOOL PROGRAMME AND SEX EDUCATION

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# The Public Health Journal

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## Health Service in Schools\*

EUNICE H. DYKE.

*Director of Public Health Nursing, Department of Public Health,  
Toronto.*

**M**EDICAL Inspection of Schools, or Health Service as it is more correctly named is recognized by the members of this Association to be an essential part of the school system, and our discussion of the topic may deal, therefore, with methods rather than with the necessity for that service.

The following report of methods adopted in Toronto is presented in the hope that the underlying principles may be capable of general application. The methods themselves may be unsuitable in towns or rural districts where the health resources are less adequate or in cities which have not yet developed a spirit of team-play in community service.

A brief outline of the Toronto plan of organization is necessary in order to account for the close relationship of the health service in the schools to other community services. With a population of 525,000 eight district offices of the Department of Public Health have proved to be necessary, the City Hall serving as a co-ordinating centre. The Department Services most closely concerned with the district offices are the Medical Services, the Dental Services, the Welfare Branch, and the Division of Public Health Nursing.

Each district office is in charge of a superintendent of Public Health Nurses to whom the field nurses of the district report at noon. Five special supervisors are responsible to the Director of Public Health Nursing for the development of various branches of the nursing work in connection with the eight offices. One of the busiest of these special supervisors is the nurse responsible for the nursing service in the schools.

\*Read at the Annual Convention of The Child Welfare Council of Canada, Montreal, September, 1921.

Twelve public health nurses are attached to ten hospitals, acting as liaison officers between the various departments of the hospitals and the public health nurses in the field. One of the five special supervisors is responsible for the development of this Hospital Extension Service.

A District Officer of Health, responsible to the Director of Medical Services, is closely associated with each office.

The Neighborhood Workers' Association, a federation of social agencies both public and private, has stationed its district secretaries in these same eight offices.

Thus the daily work of doctors, dentists, health nurses, hospital clinics, and social workers is easily co-ordinated. These departments approach the entire field of medical and social work in many ways, but the most satisfactory approach is through the schools, since children come to the schools from every type of home.

Toronto has a school population of approximately 85,000, accommodated in 92 public and 28 separate schools. 2,147 teachers, 13 doctors, 26 dentists, 84 nurses, and 25 dental assistants are employed in these schools.

Health Service is provided for the Board of Education and the Separate School Board by the Department of Public Health, this co-operation between the civic departments having been maintained for the past four years.

The supervisor of our school nursing lays down three aims for Health Service in the schools:

1. Control of Communicable Diseases.
2. Correction of Defects.
3. Health Education.

Health Service in schools is much less capable of routine methods than is the work of the teacher. Let us visit a school of twenty class-rooms on the day of the medical officer's weekly visit, choosing a school which has a dental clinic, and let us remain with the public health nurse as she works with doctor, dentist, and teachers.

The nurse reports at the principal's office at 8.45, visits the Dental Service room to make sure that the dental assistant has everything ready for the dentist, and passes on to the Medical Service room. Fifteen children, who have been absent for more than two days, are waiting for her permission to return to their class-rooms.

John is a well-known malingerer with the usual story of a headache and the nurse signs his slip without comment, knowing that

the undisciplined home conditions are already being studied and dealt with by a social agency and that she herself must visit the home constantly until the baby is past the age when careless feeding is disastrous.

Angelina reports the arrival of a baby brother and the nurse reminds her that he must be registered at the City Hall by his father, like all good Canadians. Angelina's mother has been attending the prenatal clinic and the nurse, fearing that satisfactory arrangements for a housekeeper have not been completed, promises that she will visit at once. Angelina is in the junior fourth class, and may join the School Health League next February, where she may learn how to help mother take care of the baby brother.

Elizabeth was sent home a week ago with instructions for cleaning her infested head, but the condition remains unchanged. Defiantly she declares that her mother says her hair is all right and that the teacher must take her back. The child's respect for her mother must not be weakened, but the quiet talk which is needed to handle the delicate situation will not be possible until later in the morning, so Elizabeth is enrolled temporarily as nurse's assistant.

The stories of the other children are quickly considered and they return to their class rooms. One boy, however, must be sent home because notice has not been received from the quarantine inspector that the scarlet fever card is off the door. Three other children are sent by the teachers from the class room to the Medical Service room.

Jennie has red eyes and is sneezing, so she must go home with a form notifying the mother that the city doctor will call in the afternoon. The nurse has little doubt that Jennie has fallen a victim to the prevailing measles and records the names and class rooms of the two brothers, for use in the event of a positive diagnosis.

Albert appears with a sore finger. Albert's mother is subnormal mentally and the task of teaching her to give the necessary care is difficult. Carefully the hand is bathed and dressed and permission is given to come every morning for a clean bandage.

Charles' teacher has discovered that he comes repeatedly to school without breakfast. Hesitatingly, the loyal child reveals a condition of neglect that needs the skilful handling of the social worker. The nurse knows that the social worker will meet closed doors unless a welcome is prepared, so she secures the boy's consent

to talk the breakfast proposition over with his mother, hoping that the next step will reveal itself.

The medical officer is not expected until recess and the nurse seizes the half-hour remaining to make a class room inspection. Her choice falls upon the Kindergarten, which was inspected only a week ago, but diphtheria is prevalent in the neighbourhood, and the little tots cannot be relied upon to report sore throats to their teachers. The recess bell rings before the nurse can have even a moment of play with the Kindergarteners—but all the throats were clear and she leaves with a light heart.

Arrangements have been made with the medical officer for the complete physical examination of eight children in the presence of their mothers. Four children are from the first book, three from the junior fourth, and the eighth is a third book child selected for special examination because he shows marked evidence of mal-nourishment.

The selection of children to be examined is the result of clearly defined policies. The plan of studying a few children with the assistance of the parents has been adopted in preference to the rapid examination of many because the parents' co-operation must be secured if defects are to be remedied, and health habits established. The mother will welcome and understand suggestions given to her by the doctor when she would misunderstand or resent them if received through the child, in addition to which the history that the parents can give is necessary for an understanding of the condition of the child. Forty-nine per cent. of the parents responded last year to the invitation to be present.

With the present staff of medical officers even the limited examination of chest and heart can be given only twice during the child's school life. The attendance in the Kindergarten is irregular, so the first book is selected. The junior fourth is chosen because one year of school life remains in which to correct remedial defects before the child passes beyond the range of medical inspection. Children with marked defects may be selected from other grades by the nurse. Carefully the policy is maintained of examining all children regardless of family income. When treatment is found to be necessary, the parents choose between private physician and hospital clinic on the basis of their ability to pay for the service. Under very rare circumstances the district officer of health must accept responsibility for treatment.

The first child examined this morning is found to be without defect, but the mother is appreciative of the interest shown and

considers her time well spent. She is a member of the Home and School Club, and suggests that the medical officer should address the Club, explaining the purpose of the Health Service, which is resented by some of her neighbours and their private physicians.

The medical officer turns from an examination of the next child to question the mother as to the family history, and the public health nurse is finally instructed to arrange for an examination of father, mother, and children in the syphilis clinics. Social agencies have had this family under their care for over a year without knowledge of the underlying cause of the poverty and inefficient home management.

The mal-nourished child is the oldest in an apparently healthy family. The mother's history reveals the fact that her first husband, the father of this boy, died of tuberculosis when his son was four years old. The second husband is out of work and no occasion having arisen since coming to the city for calling a private physician, the public health nurse will arrange for the boy's examination at the Tuberculosis Clinic connected with the Hospital for Sick Children. In the meantime an appointment for dental service will be made.

Careful entries are made on the class room card which the teacher gave to each of the eight children. This card carries the class record on one side, the physical record on the other, and follow the child throughout his school life. Similar cards have been brought to Toronto schools from England and the United States.

The physical record card is gradually being introduced into the Child Welfare Clinics in Toronto in the hope that the clinic accommodation will be enlarged sufficiently to enable us to follow the child through the pre-school stage up to the Kindergarten when his card will be transferred with him.

Now let us go with the nurse to the Dental Service room. Nine children have been treated this morning by the dentist, all having come from an adjacent school which is permitted to make appointments on one morning of each week.

The policies of the dental service are not yet clearly defined. Three dentists devote their entire time to survey work which is designed to discover defects and secure their treatment by private dentists. On the completion of a class room survey a talk on Oral Hygiene is given by the dentist and literature distributed. With children in all class rooms needing treatment, it is difficult for the Director of Dental Service to assign a larger number of dentists

to work of a purely educational or prophylactic character. The dentists doing operative work are supposed to give the service to the child of any ratepayer if the parent applies for treatment, but the pressure of work limits the service to the comparatively poor. A serious difficulty is that those willing to pay for dental service find many of the private dentists lacking in interest where children's work is concerned. With the public health nurses demanding appointments for older children in urgent need of treatment, a policy of limiting the service to the younger children is difficult to enforce, and yet the rigid enforcement of a rule to treat only the young children would without doubt bring about greater results for the future.

The dentist has gone for the day. His assistant has put away the instruments and is completing reports for the district office. The public health nurse returns to Elizabeth, who has proved to be a capable assistant, and has a quiet talk with her in the Medical Service room. The result of the confidential talk is that the nurse decides to make a home visit on the only day of the week when the wage-earning mother is at home and to help her with a general clean-up of all the heads of the family.

Responsibility for the personal cleanliness of the children must not be assumed by the nurse if she is to conserve her time for duties which cannot be undertaken by the teacher, but sometimes the Elizabeths in the school need the combined efforts of teacher and nurse.

The Health Service in the schools is a part only of the work of District Officers of Health and Public Health Nurses. The doctor visits another school until three o'clock in the afternoon when he starts on a round of home visits which are largely concerned with the control of communicable disease.

Owing to the visit of the doctor the nurse has spent the entire morning in the school although thirty-one per cent. of the working day is the average time devoted by the nurses to that service. At noon, she reports to the district superintendent and enjoys a comfortable lunch with the other members of the district group. In the afternoon, she will make home visits. To-morrow morning she will readmit school children, will examine three classes for evidence of communicable disease or physical defect, and will follow up each inspection with a health talk. Possibly she will tell the children stories about the Good Fairy Health and her friends, or she may deal with one of the eight subjects which must be covered during the year if the teacher is not yet interested enough to do so. With

the teacher's co-operation, she is helping the children to establish good health habits, and finds that the appeal of self-interest has proved to be less effective with children than that of class honour or Canada's need for healthy men and women. Once having been seized with the desire to be healthy and strong, the child must realize that health depends upon his habits for the seven days of every week in the year, and realizing he must learn self-discipline.

In order that the public health nurses may teach in the way that results in action, a course in Educational Psychology specially designed to meet their needs has been secured.

If the district is one requiring the services this same nurse has organized a weekly Child Welfare Clinic which will be attended by some of the mothers of her school children. Twenty-four of these clinics have already been established in Toronto. Infants and pre-school children attend in numbers and volunteer assistants help to make the work of doctor and nurse possible. The doctors in charge of these clinics are all keenly interested and the influence of their work is revealed in a lowering death rate.

Of the three aims laid down for a School Health Service, the third—Health Education—is the one which must constantly be emphasized by a Department of Health, not only in the schools but in the homes. Tradition and habit have identified doctor and nurse with remedial work, and the inexperienced among them become absorbed in that branch of their service. The pressure of the demands for remedial work cannot be evaded, and the nurse, even more than the medical officer, is crowded with opportunities to do things which it is not always wise to attempt. She becomes expert in avoiding obligations which can and should be met by others. One example will suffice.

In the school year 1919-1920, the public health nurses in Toronto recorded 64,000 treatments given to children in the schools, but they recorded only 2,800 health talks. During the following year the number of treatments was reduced to 28,000 by a skilful throwing of responsibility upon the mothers—a method which had much more far-reaching results. The health talks increased to 5,000, in addition to which many more were given by the teachers at the nurse's instigation. The next year will see still more health teaching undertaken by the teachers, with the supporting interest of the public health nurses.

While the Health Service in the schools places the emphasis upon health rather than upon sickness, it cannot escape responsibility

for securing remedial treatment, and is closely concerned with the defective and the underprivileged.

Physical defects encountered in the schools are many and varied. In Toronto, co-operation with private physicians is good, and with the hospital clinics it is all that could be desired. The action taken by social agencies is becoming increasingly effective.

The Board of Education and the Separate School Board have adopted the policy of establishing auxiliary classes for defective children who will benefit by special class room methods, and the selection of these children has been made the responsibility of the Department of Public Health.

For the pre-tubercular child and those with other conditions which will respond to the treatment, two Forest Schools and five Open Air class rooms have been established and startling results obtained. One Sight Saving Class has been opened for children whose defective eyesight would be further injured by attempting to study with standard school equipment. Children with defective hearing are being selected for a special class, and it is possible that crippled and epileptic children will also receive special consideration.

The presence of large numbers of mentally defective and "dull normal" children in the schools is a well known evil. To quote from the report of the Psychiatrist of the Department of Public Health, who is at work in the schools: "The school survey at the present time is mainly one of gathering statistics and picking out the number of subnormal children in a given school, and from that number selecting the fifteen children who most urgently require special teaching."

As a result of this survey, children who could not benefit by any form of teaching at present possible in the schools have been excluded and fifteen Industrial Classes have been established. The Psychiatrist considers that the survey "serves a very useful place in educating the teachers, showing them the difference between mentally defective and dull normal types, and helping them to distinguish these types from the normal child who is unruly or retarded from lack of home control and poor environment, or from physical defects and malnutrition." It is hoped that a Central Clinic will be established in order that each individual child may be carefully studied in relationship to his environment and physical defects contributing to his condition may be corrected before a final decision as to school treatment is made.

The value of the close relationship of the Health Service of the schools to other welfare work in the city is nowhere more clearly demonstrated than in dealing with the physical and mental defectives in the school. It has been possible during the past year to terminate 85% of defects other than dental defects found in the public schools, the word "terminated" being used in the sense that treatment has been instituted. Unfortunately, not all defects respond to even the best of treatment.

In dealing with tuberculosis the splendid resources available could not be fully utilized were the health services not so closely co-ordinated. It is comparatively simple, under the Toronto plan, for the public health nurse to call upon the resources of adult and children's tuberculosis clinics, Forest School, Open Air Classes, Preventorium, Sanatoria, and social agencies, in solving family problems.

The underprivileged child is still another concern of the Health Service in the schools, since poverty and disorganized homes are both the cause and the result of lack of health.

There are many aspects to this question, but one may be forced upon the majority of us this winter. Increasing numbers of children are undernourished and so are unfit to carry on their school work, with the result that free distribution of milk or free lunches have been suggested to deal with the situation. It would be unfortunate if either were provided on the basis of poverty. The cruelty of separating a child from his fellows to receive a drink of milk because his parents are poor is obvious to those who must select the child and dispense the milk.

The Home and School Clubs of Toronto are preparing to deal with this delicate task and plans are being formulated for avoiding serious injury to the spirit of independence which will be one of the child's greatest assets.

Children may be selected by the medical officer for supplementary diet on the basis of physical need. Their weight and health habits could be recorded at a weekly conference of all the children selected and the child's co-operation enlisted in a battle for complete health. The money needed to provide the milk or specially planned lunches would necessarily be raised in a way to avoid unwise newspaper publicity. One danger to be avoided is that of placing the entire work involved in the plan upon the shoulders of the public health nurse. She has other urgent duties. The teacher also has other duties.

A more ideal plan which could include the best features of the first would be the establishment of a cafeteria on a cost basis in each school where the need exists. The child whose parents could not provide adequate nourishment at home or in school could be provided with the money by the social case work agency responsible for the social treatment of the family.

Medical Inspection or Health Service in the schools was originally designed to deal with the child, but experience is proving that it is of inestimable value to the community as a whole by providing an opportunity for Departments of Health and co-operating agencies to deal with home conditions revealed by physical defects or faulty habits in the children. Experience is proving also that the best results are obtained from a Health Service in the schools when close co-operation is maintained between doctors, dentists, nurses, teachers, and social workers, and, above all, with the mothers and fathers.

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## The School Programme and Sex Education

BY PROFESSOR PETER SANDIFORD, *Faculty of Education, University of Toronto.*

WE of our generation unfortunately got most of our instruction in sex matters from impure sources. Our Victorian parents were either too shy or too ignorant to enlighten us. To our innocent and natural questions about the origin of babies they either answered by lies such as "the doctor brought it in a black bag" or "it grew in the strawberry (or cabbage) patch," or they evaded the issue. But our curiosity remained unsatisfied and answers were sought elsewhere. To our lasting hurt there were always filthy-minded companions at hand who were more than willing to pour misinformation into our ears. Some this knowledge turned into prudes, while most of us were the losers by it.

Parents and teachers now recognize that if this knowledge about sex is not gained from a pure source, it will be gained from an impure one. The problem is not one of sex education or no sex education, but one of pure instruction or impure instruction. Children do not remain in ignorance of sex matters; they, therefore, should be rightfully and carefully taught.

But sex instruction is not sex education; it is only a part of it. Information about sex is not even sufficient to keep a person on the narrow, moral path, else we should find doctors and nurses the most moral of human beings, and they would be the last to claim this for themselves. Sex education involves (1) a training in right habits; (2) a development of proper attitudes and ideals regarding sex; and (3) the imparting of information.

The proper place for sex education is the home, and the proper teacher is the parent, especially the mother. But the home, as in so many other matters, has fallen down in this task, and the burden has been shifted to the school. Our grandmothers would have been horrified to learn that cooking and sewing were taught in schools, nay, that university degrees were given in domestic science, but we view such progress with a dispassionate eye. So it will be with sex education. We look askance at it as a school subject, but our grandchildren will wonder why a training which was so necessary

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Read before the Hamilton Social Hygiene Council.

to a healthy parenthood and citizenship should have been left to chance and the gutter.

Still there are tasks in sex education that the home cannot evade. The pre-school age, so pregnant with possibilities in habit training, is one in which the mother is the chief, sometimes the only teacher. We now know that the sex instinct does not lie dormant for fourteen years or so, and then suddenly blossom forth fully developed; it is a slow developing instinct in which early manifestations may be discovered even in the first year of life. By pretending that it did not exist in early childhood, or thinking it a shameful and forbidden thing, Freudian psychologists tell us that incalculable harm has been done. They probably overestimate the part that sex plays in life, but making every allowance for exaggeration, we know that the repression of the sex instinct has ruined many a life.

Before pursuing this argument any further we may turn for a moment to the school and sex education. The school is a conservative institution already overburdened with subjects. Why add another to the list? Further, arithmetic, reading and writing are not instinctive. Sex is an instinct, that is, it will develop of itself with the slightest of stimuli from the environment. Can an instinct be made a subject of instruction? Is it not better to let things be, or teach sex, if we must teach it at all, incidentally? These are pertinent questions, too important to be shelved or evaded. The answers to them seem to be that sex is so vital to the individual and the community that its development and guidance cannot be left to chance; and that incidental instruction always means in the long run no instruction at all.

This being the case we must frankly face the issue. We must realize that there are stages in the development of children—infancy, babyhood, childhood and adolescence—and for each of these there are appropriate methods of approach. Moreover, students of the subject tell us that the sex instinct involves two semi-independent sets of phenomena. The first of these are the physical phenomena known as tumescence and detumescence, the second the contrectation impulses which involve mind and feeling. In infancy, babyhood and early childhood there are few if any contrectation phenomena; sex is solely a physical matter. Later, contrectation or emotional impulses appear finally centring around the mate whom we choose for life.

Early education in sex then involves mainly training in right habits and proper attitudes. The aim should be to keep sex development normal, and to keep contrectation impulses from making too

early an appearance. The allaying of the natural curiosity of children with such simple yet correct information as they can understand is an important precept at this stage. Young children in the family should become accustomed to sex differences through seeing each other in the bath. Nudity at this stage has a positive moral influence. They should be taught in practical fashion the virtues of physical exercise, especially in the fresh air; of daily baths which should become cooler and cooler as they grow older; of hard beds without any companions to share it; and of loose and hygienic clothing. My old schoolmaster used to tell us, "Boys, remember that the devil hates cold water; give him plenty of it!"

The importance of a proper attitude on the part of the parent or teacher is most important at this and all subsequent stages. The proper attitude is that of a dignified frankness, not that of shame, or mystery, or frivolity, or vulgar familiarity. The child's confidence must be kept, so that he comes to his mother (or father) for anything he wishes to know. A little later, when he comes into contact with the filthy-minded school companion anxious to initiate him into the mysteries of sex he can say, "I know all about that, my father told me, and I don't want to hear about it from you."

Coupled with this training there must be contemporaneous development of ideals of purity, reverence for parents and parenthood.

As the child reaches nine or ten years of age the teacher must perforce play his part. Just what curriculum should be offered is a matter of dispute. I can only suggest one or two methods of approach. In connection with nature study the essential organs (the sexual organs) of a plant can be taught. The stamen with its anther, filament and pollen grain, is the male generative organ; the pistil with its stigma, style and ovary the female. The necessity for the fertilization of the female ovules (eggs) by the male pollen before the seed will ripen, can be taught to quite young children. Animal reproduction can be best approached by the study of fishes. Here the milt of the male and the roe of the female can be shown to correspond with the pollen and ovules of the flower. Later, in school life, the universal law of development of all animals from fertilized eggs can be shown. The relation of the milt of fishes to the semen of man will be readily seen.

If children are accustomed to biological work in which scientific terms are used a great gain will be made. Knowledge of the method of procreation of humans will not come as a shock, but will be regarded as a natural and therefore pure phenomena.

Special instruction regarding the possible abuse of sex organs by boys, and of the phenomenon of menstruation to girls, will have to be given. The ideal teacher is, as before, the father for the boy, and the mother for the girl. But too often this solemn duty will be left to the teacher, man and woman, respectively. Not everybody is fitted to give it. According to Bigelow the following classes of individuals are unfitted:

(1) Those who cannot talk calmly and dispassionately on the subject.

(2) Those with an abnormal outlook on life, who are too readily influenced by psychopathic literature.

(3) Insufficiently informed people who tend to stress the abnormal in their presentation because of hasty preparation.

(4) Those who are pessimistic as a result of unfortunate personal experiences.

(5) Those of flippant attitude and questionable ethical behaviour who cannot command the respect of their pupils.

The proper preparation of teachers is a "*sine qua non*." In Canada practically nothing has been done in this regard. In the United States the Interdepartmental Social Hygiene Board appropriated \$300,000 for each of the two years 1918 and 1919 (my latest information) to further such instruction. A great proportion was spent in introducing courses into normal schools and universities, about thirty institutions taking part. Teachers College in New York City has offered courses for some time past to its teachers-in-training. Is it too much to hope that Canada will arouse herself soon to the necessity of such work?

Lastly, when the boys and girls are near the end of their High School course or beginning a university career, the topic of venereal diseases may be broached. A useful method of approach is through bacteriology and the relation of bacteria to the production of disease.

After a discussion of diphtheria, typhoid fever, toxins, anti-toxins, antiseptics, disinfectants, preventive measures to secure uncontaminated food and drinking supplies and such topics, it is then a simple matter to allude to the peculiar proneness of the sexual organs to infection and the consequences of abuse or infection through ignorance.

But whatever methods of sex education be adopted, the prime necessity of inculcation of right attitudes and proper ideals should never be forgotten. With these things secure everything else follows naturally.

# The Venereal Problem in Large Towns and Small Cities

BY HON. DR. WM. F. ROBERTS, *Minister of Health for New Brunswick.*

Read at the Annual Meeting of the Canadian Public Health Association, June, 1920.

ALTHOUGH a territorial limitation has been assigned me in the consideration of this matter, it has been recognized for ages that the question or problem or status, call it what we will, of venereal diseases and its relationships is an essential unit whether in town or country; under the pole or upon the equator; in civilization or in savagery and amongst all classes, creeds and colors. As a disease, syphilis and its congeners differ *in toto* from all others in the way of origin and propagation. They are universally and reciprocally associated with sex, and while it is easily possible to conceive a community in which some individual disease may be confined to one sex in its incidence, it is almost impossible to imagine such a state of affairs, existing with reference to venereal disease. And just here the thought obtrudes, that although such a law seems to inject even more than the usual difficulty and complexity than is found in dealing with most disease, yet, as is often the case, this very difficulty may, one day, prove the key to the solution of the whole problem. In a word, eliminate the disease from the female, say, and keep it so for a generation, and syphilis will disappear as distinctly and completely as has the dodo and the passenger pigeon.

But a far graver and more sinister law attaches to syphilis and its contraction and propagation than even this double sex association. It is contracted, not as are other diseases, from malnutrition, from accidental and often unavoidable contact, from hereditary predisposition, from over-exertion or accident, from toiling and moiling to keep hunger and nakedness or death at bay, not in consequence of any of the hardships and burdens and miseries of life, but because of the most universal, most primitive and overmastering instinct which mankind possesses. This is the thing which is bound up, indissolubly, with venereal disease, and the sooner we, who would fain combat this gigantic evil, look this fact squarely in the face and recognize it, the sooner we shall succeed in doing some-

thing to abate this parasitic monster which has engrafted itself upon our holiest and most important appetite.

It is, therefore, no matter of surprise that these diseases are denominated the "social evils" *par excellence*, and, although there are numberless kinds of vice in the world, that the particular one which engenders venereal disease is known specifically as "vice." The questions which arise from the prevalence of these diseases, are indeed, as purely social as is the custom of polyandry in Thibet; polygamy among the Mahometans; foot-binding in China; caste in India, and the eternal "temperance question" in our own land.

To attack it successfully, we must attack society in one of its most ingrained temperaments and this applies not only to our own society, but to that practically of the whole world. Prostitution and irregular and illicit intercourse must be abrogated and it is only necessary to say this to obtain some notion of the magnitude of the task which lies before us. But this reflection comes uppermost. As in manufacturing industry, the by-products are not infrequently found to be far more valuable than the particular article to make which the factory was started; so, in abolishing prostitution. Horrible as the evils of venereal diseases are it is pretty certain that even they are surpassed in the downright misery and wretchedness resulting from prostitution, professional and clandestine, altogether apart from the physical disease of which they are the chief cause. What about the unspeakable shame and sin of divorce? Of the almost equal shame, and even greater agony of jealousy in married life, not, perhaps, despite popular impression, much more frequent on the part of the wife than of the husband. What of the multitude of women, even putting aside disease, yielding to one outrage on social law and well-understood custom, quickly fall victims of other anti-social impulses and become adepts of the unholy science of lying, stealing, and possessed of the demons of alcohol, envy, indolence, slander, and, often, of murder, itself. Does any one dare deny the close connection of infanticide pre- and post-natal with prostitution public and private? Is there a single doubter with respect to the mental distortion and degeneration accomplished by female unchastity? Is it not a truism to say that the laxity of social morality in women is the greatest psychological injury that can befall a national community? And if this be true of the women of a nation, what of its men? Unchastity, here, if anything, is still more injurious, because more blatant and carried on with more effrontery. With a few rare exceptions, it blasts intellectuality, or transforms it into the servant of those who take evil for their good, and

whose very light is utter darkness. Who can think of a greater travesty of animal life of any kind, that he whose real and chief thoughts, despite his outward and articulate appearing, are chiefly centred upon sexual pleasures and so-called conquests?

Such, then, are a few of the by-products which infraction of the earliest and most important restriction known to man and civilization engenders, and they are of such colossal influence for evil that, were venereal disease exterminated to-morrow, its chief cause would still remain and claim our hardest and most concerted and wisest efforts at extinction.

I have seen fit to thus dwell upon this unsavory subject, because of the logic of the matter. We may and must attack syphilis with every weapon at our hand, but it is a discouraging and almost futile task to continually work at the cleansing of a stream of its impurities without also abolishing the source of the pollution. We may, it is true, abolish an obnoxious tree, by clipping off its leaves and twigs as they appear spring after spring, but the readiest way is to apply the axe to the trunk or roots and so cause it to perish irretrievably.

It is questionable if the incidence of venereal disease in small cities and towns is really proportionately less than in metropolitan populations. In general, it appears less because of the greater care taken to conceal it, in consequence of the odium attached to it, and the universality of local gossip and condemnation peculiar to such places. From this very fact, the control and cure of these diseases in these localities is, perhaps, more difficult of accomplishment than under any other conditions. In strictly rural communities one's individuality and privacy may be better maintained than in small towns, and the same remark holds true to a still more pronounced degree in large cities. It has been well said that a great city may be made by, and frequently is to, the individual, the loneliest and most secluded spot in the whole world. But in the town, each one lives in the blaze of his neighbour's scrutinizing glance, and under the continual lash of his busy tongue. Even the physician, from time immemorial the sacred depositary of vital facts, can scarcely keep his deposit from being burglarized by the prying gossip. And therefore as the danger of publicity is great, so much greater is the effort at concealment of any fact that is capable of such treatment. And of all physical ailments, venereal diseases as physical manifestations, perhaps, lend themselves most easily to such hiding. Even, as in syphilis, in its eruptive stages, the deadly ignorance of the masses is such, with respect to skin lesions in general, and this

applies to a large proportion of medical men, that no excessive worry need be occasioned the victim, lest his disorder may become known. It is only a few days ago, in a large hotel in one of our great cities, that the writer saw a full-blown late secondary syphilitic eruption upon the face of a waiter at an adjoining table. The poor fellow wore an excessively high collar, one, almost of Gladstonian proportions, to conceal the more pronounced lesions of the neck.

In the vast majority of cases, venereal diseases, except in late tertiary stages, does not inhibit ordinary physical activities, and, so, concealment is not only possible, but proof of the actual presence of the disease, is now, by present-day usage, only finally demonstrable under laboratory tests.

Plainly, therefore, the task before us of the control and abatement of these diseases is a most difficult one, and the only practical way of proceeding is the enlightenment of the people respecting the grave nature of these diseases, and the establishment of a public opinion really reprobative of irregular intercourse in all its forms.

Indeed, the latter is the crux of the whole question, and has been, from time immemorial. Unless and until prostitution can be made as abhorrent to the public conscience as dishonesty, lying, stealing and murder are at present, our task of combating venereal disease will be a Sisyphus one. By rigid legal restrictions and public measures, we may abate it in some of its more prominent and outstanding results, but it will be a constant bailing out of the brook with a tin dipper. Nor need we despair that such a public opinion can be brought about. For five thousand years slavery was universally conceded to be a right and commendable practice in social life. For ages it was strictly defended by statesmen, theologians, moralists and economists. Yet not, perhaps, in all the civilized world, is there a man to-day who would dare to come out openly in its favour. Duelling, for centuries, enjoyed a yet higher vogue, yet now it is, and rightly, considered nothing less than sheer murder. Our ancestors, for many generations, thought it no shame to render themselves helpless by intoxication with alcohol, upon appropriate occasion yet now, with us, the drunkard is reckoned not only useless but contemptible.

Yet another necessary phase of the war against prostitution which is, in its essence, war against venereal diseases, is the unequivocal part the female plays in the dissemination of them. No better proof of what may be called the real trifling and insincerity displayed by the public, generally, with respect to prostitution and

syphilis and gonorrhoea, may be had, than its position with relation of women thereto. Women, continually, through sheer hypocrisy on the part of men, a form, I suppose, of pseudo-chivalry, have been represented as the helpless and unwilling victims of prostitution and venereal disease, and this puerile and vicious theory has been sedulously accepted and propagated by the women themselves. We all know, both men and women, in our inmost souls, how utterly false and monstrous such a theory is. Innocent victims there are indeed, by the ten thousand, among women, but the same proportion applies to men. Neither sex can for one moment assume a position either of innocence or superiority in this matter. Both are culpable to an equal degree, but from widely diverse propensities. The male sins and sustains the injury because of unrestrained and perverted appetite; the female (the professional prostitute and multitudes beside) sin and impart the injury from more complex motives. She sells herself for money: for social advancement; for idle and luxurious living; because of a love of dress and finery; from a weak pandering to the favour of the male, and, often, because she recognizes the widespread custom, and feels she is not singular in her action.

What, then, is our bounden duty, our only resource, but to make these vicious principles in both male and female obsolete and altogether as antiquated and out of tune with the times as are the past customs of slave-holding, of duelling, of intoxication, or, indeed, of tight lacing, umbrageous hoop-skirts, and dress wigs.

Then, again, there remains for the woman as a part of her contribution to this, the greatest of all reforms ever undertaken by mankind, that she cease to consciously or unconsciously incite lust by her attire. Let her no longer sacrifice to suggestive fashion and fancy that female beauty and sexual instinct are indissolubly united in the male mind. Despite the pernicious teachings of many of our modern psychologists, this is a fundamental untruth, and if not exposed and rectified, will lead mankind to its doom.

In a word, the female world needs education in the combat against its greatest enemy; it should bravely face about and recognize in this, as it has in so many other of life's problems, that it is not, really, secondary to man, either for good or evil; that while it conquers its just privileges and rights for itself it should also gallantly assume its just responsibilities and duties.

Having done this, having them set the fashion, can there be the remotest shadow of doubt that the male world will follow, obediently and gladly, without misgiving, as it has invariably done in

times past? Woman by her innate and quick sense of pity and compassion, her invincible love of order and cleanliness, her angelic regard for her offspring and the man whom she loves, has led the race from savagery to culture, and can still lead it, if she will, not only away from the unspeakable evils of syphilis and gonorrhoea, but from those evils and miseries compared with which even venereal disease seems innocuous, and which have their spring and origin in prostitution and all that the term imports.

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## Mental Defect and Social Hygiene\*

N. L. BURNETTE, *Director of Occupational Therapy and Vocational Guidance, The Canadian National Committee for Mental Hygiene.*

In accepting the honor which you have conferred upon me by asking me to address you this afternoon, I am attracted by the opportunity of touching upon a very broad theme.

Serious as is the question of Venereal Disease, the title of your association implies that you are interested in health in all the inter-relations of life. If we tackle the problem of mental defect in a wise and statesmanlike manner we shall strike at a root from which springs not only much of the venereal disease evil but of nearly every other social disaster as well.

Mental deficiency is a condition of arrested or imperfectly developed intelligence, as the result of which the individual is unable to benefit normally either by instruction or through the lessons of experience. At the lowest end of the scale we have the idiot and imbecile who because of the extent of their handicap gravitate naturally into institutional care and are protected from their own shortcomings. The middle grade and high grade defectives constitute the greatest danger socially, because their defect is not apparent from surface indications, and whether their lack of wisdom, suggestibility, and inability to foresee results, leads them into trouble or not, is a mere matter of chance and environment.

The extent to which mental deficiency exists in an average Canadian community has been definitely determined in relation to children of school age only. Careful studies covering very wide areas of the Dominion have been made by experts and the percentage of mentally deficient children placed at not less than 2.5. No such accurate survey of a cross section of the whole population has as yet been made. It is said that the data derived from school studies is so large that it represents a picture of the whole population and that the figure quoted holds good.

Frankly, I should like to see co-relations worked out for the various age groups as well as for the incident of adult immigration which is spread so unevenly throughout our provinces.

\*Read before the Hamilton Social Hygiene Council.

†Pearce Bailey and Roy Haber.

Tredgold gives the percentage of mental deficiency among the general population of England and Wales as 1 in 248, with males slightly predominating. Examination of three million, five hundred thousand recruits for the U.S. army shows a ratio of 6.5 defectives per thousand. The draft age was between 21 and 31, and as mental defect by reason of the high mortality incident to it especially in youth has a greater incidence in groups under 18 years than in those over, it seems evident that the estimates drawn from the draft figures would underestimate the percentage of defectives in the population of the U.S. as a whole.

Supposing .65 does underestimate the percent. over all, and as has been suggested, the true figure is in the neighborhood of .94, the difference between this and 2.5 among our Canadian school children is so great as to call for explanation.

Let me again refer to the definition of mental deficiency which I offered in the first place. It is a condition of arrested or imperfectly developed intelligence as a result of which the individual is unable to benefit normally by teaching.

In Psychological examination the development of the intelligence is measured in terms of agreement with, or deviation from what constitutes normality for a given group. With pre-adolescence one is reasonably safe in grouping by chronological age. As a result, a mental examination of school children, for the purpose of determining fitness to benefit by an educational system designed for average pupils, will eliminate, not only those of marked enfeeblement, but a large number of borderline types as well. The most numerous of these are the defectives who reach the limit of their capabilities around their eleventh year. On leaving school they are absorbed into the ranks of those industrial pursuits which call for a minimum of mental effort. In passing it might be remarked that this type can be greatly helped in early years through special educational methods.

If ability to earn wages were the only measurement of social fitness these defectives could be counted out of our reckoning at the onset.\* This theory falls to the ground just as soon as we examine statistics from Psychiatric and V. D. Clinics and Medico-Psychological examination of prisoners. The anti-social are not recruited from the ranks of the unemployable but in the most part

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\*Tabulation of the results of psychological examination of the U.S. army draft would tend to show the average mental level of the males in the United States to be only 13.2 years.—Waller Mental Hygiene, Vol. 4, No. 1.

from those who over and over again have proven themselves capable of many and varied employments.

Therefore, I submit that employability in the open labor market is not a guide to a person's ability to exercise those inhibitions which are necessary for the protection of society, and very often employability is not even a test of judgment and reasoning capacity. The same warning is necessary with reference to those unstable individuals in whom good intellectual endowment does not compensate for unbalance in the emotional life.

I consider the Canadian figures inclusive as they are of all sub-deviates from normal, the safe method of estimating our problem. Whatever this problem may be in terms of percentages the point at issue is not the matter of mathematical exactitude. The fact of importance is that there exists in the community a minority group which contributes out of all proportion to its numbers to every phase of social evil.

A few illustrations will serve to show this. In one hundred cases taken just as they came at the V. D. Clinic, Toronto General Hpl., only eleven were mentally normal. Dr. C. K. Clarke basing his observation upon thousands of cases, has found that 60 per cent. of all prostitutes are feeble-minded, and this class of course is the greatest carrier of venereal diseases. Thirty per cent. is a conservative estimate to place upon the percentage of feeble-minded in our prisons. The speaker can testify from an actual experience, that one jail population, examined by four examiners of whom he was one, was 100 per cent. defective. In a Canadian Juvenile Court Detention Home, 69 per cent. of the children were mentally defective. A study of 100 defective delinquents in one city showed that they had been arrested 1,825 times in five years. They had been sentenced 735 times, aggregating in fixed time 106 years of imprisonment, exclusive of 250 indeterminate sentences to reformatories. Seventy-five of the 100 had a mental level of 10-year-old children, and none of them possessed intelligence above 11 years of age.

If every mental defective became anti-social the problem of prevention would be simplified, because a definite diagnosis of mental defect would be in effect a social prognosis. But the fact of the matter is, that within the mental defective group itself, it is again a minority which is responsible for most of the damage. It is of these that Treadgold has said, "They are inherently incapable of conforming to the legal and moral codes of society." The majority, however, are what might be called "good" defectives.

That is to say they have potentialities for leading placid, harmless, contented lives if the environment is right. By all means recognize this fact, but don't leave it entirely to chance. At present we do this and concentrate our social service work at the wrong end. Society has the right to protect itself against eventualities, and once a child is recognized as mentally handicapped we should make adequate provision for its special training and supervision within the community.

If non-institutional cases were educated according to their capacity, made industrially efficient and taught to acquire correct habits of living, there is no reason why a large number of these unfortunates should not be saved to lives of happiness and usefulness, and society relieved of a great portion of its burden of disease, delinquency, poverty and industrial waste.

We have a valuable starting point for such a system in the excellent auxiliary classes of the public schools, but what are you going to do with these children after they leave school? Even supposing that the Adolescent Act is wisely administered in the case of the mentally handicapped, and the extra two years of school supervision means two years of real training for life, are we going to throw off all responsibility when the school door closes behind the child. If so, then the work done will be wasted.

In order to make a system of after care effective three things are necessary:—

(1) The special class should be the first link in a co-ordinated plan of activities which shall have for its ultimate goal the stabilizing of the adult-to-be in society. This means that the school authorities must have an outlook, wider than the four walls of their building. Their vision must be projected into society and industry as an integral part thereof. It also means that social service must start just as soon as the child's handicap is recognized. The education of the child's family to an understanding of the child's intellectual, physical, moral, and recreational needs must go hand in hand with the training being given in school hours.

(2) It will be necessary to have a Vocational Guidance and Industrial Placement Bureau which will be in complete harmony with the school on one hand and industry on the other.

(3) It will be necessary to continue indeterminate social service supervision after industrial placement.

I have no illusions regarding the difficulties involved in such a scheme. I do not think that it would be a panacea for all our ills, and I am quite sure that it is very expensive.

Problems involving human beings are always complicated. The dead weight of misunderstanding, resentment, and active opposition that will confront the worker with the families of some defectives will be heart-breaking, but is this any reason for throwing up the sponge? Does not even educational progress have to fight these things? It needs but little experience in a Psychiatric clinic to convince you of the justification of tempering scientific knowledge with tolerance when faced with ignorance rooted deep in Mother love.

The variations of experience and behavior are so great that you will always be reckoning with an unknown quantity when attempting to foresee conduct. Supervision will reduce the factors of chance to a minimum, particularly if the unfortunate has reason to feel that his supervisor is not a counterpart of the terrible Jehovah of old but an understanding friend to whom he can go for help in a crisis, and advance in a period of discouragement.

With reference to the placement of the defective in industry we really know nothing definitely. It was only such incidents of the war as the shortage of labor, and the examination of the wounded for industrial re-training which awakened us here in Canada to the fact that a great deal of the necessary labor of the world was being carried on successfully by persons whom we are wont to grade as mentally sub-standard. I have no sympathy with the Vocational Guidance extremists who dream of labelling every child for some one and particular niche in life. Success involves complex psychological factors of which these enthusiasts are blissfully ignorant. I am not convinced that "job sampling" is a bad thing. I am quite sure that we should not want, and certainly will not be allowed, to take away from the employer, the right to select his own labor. What we ought to do is to study industry from the standpoint of what work is actually being satisfactorily done by what one must think of as the "successful feeble-minded." We know that the absorption of the feeble-minded in industry goes on, in a haphazard manner, but we only make actual contact with this fact when the worker falls out of step. That is to say, we see the anti-social in our clinics and then we find that generally they have an occupational rating of some sort. In the case of some of the war disabled we accidentally discovered mental handicaps although we were primarily conducting a study because of physical injury.

As to the expense, we know absolutely nothing about what it will cost because we do not know what the results will be. We Cana-

dians are generous givers. Our hearts and purses are open to every cry for assistance whether it comes from within our own borders or from the uttermost ends of the earth. I sometimes wish that we would give less and invest more. In the matter of the endowment of research we do not do ourselves credit.

With the feeble-minded in our midst we have a problem which yearly costs us enormous sums because of crime, delinquency and disease, sorrow, poverty and waste. Are you content to carry this burden indefinitely? Or will you control it as you have done with typhoid and are doing with tuberculosis?

One system of control is known to you—segregation. On a large scale this would be very expensive and scientifically wrong. It would be economically wasteful and would do a great injustice to the many who have capabilities for carrying-on in the community. Another solution is the cold-blooded suggestion of sterilization. This is not only repugnant to our ideals but is open to other criticisms as well. The alternative is supervision.

The community that has the vision to invest money in this experiment and the patience to forget its investment until sufficient time has elapsed to evaluate the result, will enshrine itself in fame in the field of social hygiene.

I think many of us are becoming dissatisfied with our present patchwork methods.\* In a report from the T. G. H. Psychiatric Clinic, it is to be noticed that in 188 cases, 13 can be struck off as being neither definitely insane or mentally deficient. There were 101 mental defectives, 33 of the 188 were recommended for institutional care, 12 for deportation, and 3 children for special classes, a total of 48. One wonders what is going to happen to the other 127? You cannot blame the clinic for this state of affairs, society makes no provision for anything except the diagnosis of non-institutional cases.

In conclusion ladies and gentlemen, may I say a word about immigration. In 1919 60 per cent. of the mentally defective children in the Public Schools of Toronto were of non-Canadian birth. The figures from the Prairie Provinces regarding mental defect and insanity, crime, illegitimacy and dependency (and these three are closely related to mental defect and insanity), all tell the same story. Conditions at our chief ports of entry are greatly improved. Last summer the ratio of admissions refused for reasons of mental

\*The views which I have expressed here are becoming pretty general among mental hygiene workers. As far as I know the first published suggestions were made by Dr. Jessie Taft in *Mental Hygiene* Vol. 2, No. 3.

defect was larger at Quebec than at Ellis Island. But it behooves us to watch our doors including the side entrances, very closely if we are going to start any house-cleaning within.

#### TO SUM UP.

Those at the lower end of the scale in mental defect do not constitute a grave danger to society. Their condition is recognized and they are institutionalized.

Society suffers most from those whose defects are not apparent on the surface. This type adjusts or maladjusts itself to social laws and moral codes with no other help than blind chance.

When these handicapped individuals are brought to light, it is always after the damage has been done, and diagnosis can do no more than point out the reason for careers of inefficiency, prostitution, vice and crime.

Those who are inherently incapable of social adjustment constitute only a minority of the total defective class. The majority could be saved from errors in judgment if they had training, guidance and supervision.

No single plan will solve a problem as complex as that of human conduct, but the training and supervision of the defective will reduce the present cost to society enormously.

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## The Victorian Order of Nurses For Canada

**M**ISS M. F. Jackson has been appointed district superintendent of the Victorian Order branch at Ottawa. Miss Jackson is a Scotch woman, took her hospital training in London, England, and her district training in Edinburgh. In addition Miss Jackson holds the health certificate of the London Sanitary Institute for Child Welfare and School Inspection; also a certificate from the London Chest Hospital for dispensary and clinical work. Miss Jackson has also a creditable war record, having seen service in France and England. Prior to coming to Ottawa Miss Jackson was in charge of the Preston branch for one year, where she gave great satisfaction.

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In October MacDonald College requested the Chief Superintendent to recommend a Victorian Order nurse who would visit the English-speaking portion of Quebec and lecture on public health nursing in rural communities, this work to be carried on in connection with the University Extension Course. Miss Jessie Forshaw, R. N. Inspector, was loaned them for six weeks. The College supplied a demonstrator, Miss Crane, of the Domestic Science Department. This experiment proved a very interesting one, Miss Forshaw often speaking four hours a day, two in the afternoon and two in the evening. Not only the members of the Women's Institutes but the Farmers' Institutes availed themselves of the opportunity to hear her lectures. Miss Forshaw is well fitted to speak on public health problems as applied to rural districts as she organized the Health Centre at Saanich, B.C., and for one year was provincial organizer for that province. Miss Bessie M. Philp, Director of School of Household Science, in writing to Miss Forshaw said: "When I think of how greatly such work is needed, especially here in our province, I realize how much cause we have to be grateful, not only to the Order for lending you to us, but to you yourself for your interest and hard work. Immediate returns may seem to be few, but the seed once sown, we shall probably never know how far-reaching its effects, nor the final extent of the result."

Miss Edith Haslam has resigned her position as superintendent of the nursing service at Grand Mere, Quebec, and has been appointed Secretary of the Child Welfare Association of Montreal. This city is fortunate in securing the services of this nurse. In addition to her hospital training in Liverpool, England, and the certificate from the Central Midwives' Board Miss Haslam holds a certificate from the Sanitary Institute and was for one year superintendent of one of the Child Welfare centres in London. Miss Haslam has also done nursing in Philadelphia, and Newfoundland, and since coming to Canada has been connected with the work of the Victorian Order at St. John and Grand Mere.

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The Chief Superintendent, Mrs. J. C. Hanington, left December 16th on an inspection trip to the Western provinces. Christmas week was spent in consultation with the district superintendent of the Greater Winnipeg branch, Miss Prichard, where a very well balanced and intensive piece of work is being done. From there Mrs. Hanington visited the coast cities, inspecting Greater Vancouver, North Vancouver, New Westminster, the Health Centre at Saanich, and the Victoria branch together with the rural nursing service at Metchosin. On the return trip the Chief Superintendent visited Calgary where the work is expanding to such an extent that they require another nurse. The service in this city is carried on with four nurses and two motor cars. Mrs. Hanington was also in North Bay inspecting the Queen Victoria Memorial Hospital there as well as the local district.

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Miss I. M. Cole, Chief Inspector, is making a survey of the Victorian Order nursing service in Greater Montreal.

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The London branch of the Victorian Order held its annual meeting, January 26th. This branch is extending its service and is asking for a fifth nurse. The Chief Superintendent attended this meeting and spoke on the work of the Order in general, and the training necessary for nurses who wish to do modern district work. The London branch has an office in the Institute of Public Health, from which Miss Symmonds, the capable district superintendent, directs the activities of the staff. The students taking the course in Public Health at the Western University here obtain the required district observation work under the supervision of Miss Symmonds.

# Venereal Diseases in Toronto

## STATEMENT OF THE VENEREAL DISEASES ACT ENFORCEMENT IN TORONTO, CANADA, FOR THE YEAR OF 1921.

I. Cases under supervision, <i>January 1, 1921</i> .....	249
II. Cases brought under the Act .....	881
(A) New cases .....	771
(B) Closed cases returned to supervision .....	110
III. Total cases handled .....	1,126
IV. Cases closed .....	649
V. Cases under supervision <i>Dec. 31st, 1921</i> .....	477
II. Cases brought under the Act .....	771
IIA. <i>New Cases:—</i>	
(a) Reported as suspect cases of venereal disease	429
(b) Reported with diagnosis to secure treatment	342
Syphilis .....	243
Gonorrhoea .....	78
Syphilis and Gonorrhoea .....	21
IIB. <i>Closed Cases Returned to Supervision</i> .....	110
Syphilis .....	53
Gonorrhoea .....	26
Syphilis and Gonorrhoea .....	10
Pending .....	10

### 11C. *Source of Cases Brought Under the Act:—*

	IIA.	(2) Reported as delinquent re treatment.	IIB. Closed cases returned to supervision.	Total.
	(1) Suspect.			
Courts .....	190	15	13	218
Clinic .....	90	96	18	204
Military .....	28	113	10	151
Jail .....	16	83	45	144
Individual .....	35	3	13	51
		78		

Police .....	34	0	0	34
Pub. Hlth Nurse.	21	0	4	25
Other Bd. Health	7	13	0	20
Private Doctor ..	5	13	1	19
Mercer .....	0	4	6	10
Reformatory .....	0	2	0	2
Good Shepherd ..	1	0	0	1
Social Agencies ..	2	0	0	2
Totals .....	429	342	110	881

### III. Cases Handled ..... 1,126

#### (a) Diagnosis secured on cases

ordered examined ..... 244

Syphilis ..... 75

Gonorrhœa ..... 32

Syphilis and Gonorrhœa ..... 14

Not venereal disease ..... 123

#### (b) Cases placed under treatment .. 368

### IV. Cases Closed ..... 649

Not venereal disease ..... 150

Never located ..... 109

Lost ..... 88

Left city ..... 83

Under treatment ..... 63

Apparently cured ..... 46

Act not applicable ..... 39

Jail ..... 37

Mercer ..... 12

Died ..... 5

Insane Asylums ..... 2

Good Shepherd ..... 2

Women's Farm ..... 4

### STATEMENT OF CASES DEALT WITH UNDER THE VENEREAL DISEASE ACT WHILE IN CUSTODY, YEAR 1921.

Total number of cases examined during 1921 ..... 1,628

Jail ..... 150

Women's Farm ..... 101

Men's Farm ..... 1,377

## Result of Examination:—

Syphilis .....	83
Gonorrhœa .....	76
Chancroid .....	0
Syphilis and Gonorrhœa .....	16
Negative .....	1,453

Number of cases ordered detained for treatment ..... 195

New cases .....	175
B.V.D.P.A. ....	15
Examined outside .....	5

*Summary:—*

Cases in custody Jan. 1st, 1921 .....	38
“ ordered detained during year .....	175
“ “ “ B.V.D.P.A. ....	15
“ examined outside and ordered detained for treatment.....	5

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233

Cases released with order to report for treatment	118
Cases released as cured .....	23
Transferred to Burwash .....	2
“ “ Mercer .....	7
“ “ Guelph .....	9
“ “ Kingston .....	7
“ “ Haven .....	1
Released before order was received .....	11
Deported .....	4
Released to go outside city .....	5
Died .....	1
Asylum .....	1
Number detained in custody, Dec. 31st, 1921.....	44

Number of cases brought into court charged with breach of the  
V.D.P. Act—January-December, 1921 ..... 197

*Disposition of cases—*

Withdrawn .....	164
(On producing certificate of examination or treatment).	
Adjourned until called on .....	3
Fined .....	29
Sentenced .....	1

## Social Background

### Standard Recommendations for the Relief and Prevention of Unemployment

*Collated by the American Association for Labour Legislation,  
New York City.*

#### 1. ORGANIZATION.

Organize the community as long as possible before unemployment becomes acute, including any necessary reorganization or co-ordination of existing agencies. The appointment of an unemployment committee by the governor or by the mayor, if improper political influence is guarded against, insures semi-official standing and greater prestige. Include in the membership *all classes concerned*, such as employers, workingmen, public officials, social workers, civic leaders and representatives of churches, lodges and women's clubs. To carry out preventive measures, *permanent organization*, not temporary activity during a crisis, is essential.

#### 2. EDUCATION.

Upon the basis of careful information gathered from employment offices, relief agencies, and all other available sources, *bring the facts of the unemployment situation home to every citizen*. Emphasize civic and industrial responsibility. Avoid "the ostrich policy of refusing to face the facts on the one hand and hysterical exaggeration of facts on the other."

#### 3. EMERGENCY RELIEF.

Avoid duplicating the work of existing organizations. Do not advertise the existence of large relief funds or other provisions for relief without work, or give indiscriminate relief to able-bodied men. Except as a last resort, discourage the starting of bread lines, bundle days, soup kitchens and similar measures. *As far as possible supply aid by means of employment, at standard rates, but on*

part time, to encourage early return to regular occupation. Open workshops and secure odd jobs from householders. Do not provide work for housewives who are not ordinarily wage-earners, instead of for their jobless husbands. For the homeless, provide a municipal lodging house, with a work test, or a co-operative lodging house under intelligent supervision and leadership. Abolish the "passing on" system, but do not make provision for non-residents at the expense of resident unemployed family men.

#### 4. SEPARATION OF UNEMPLOYABLE AND UNEMPLOYED.

*Differentiate the treatment of the unemployable from that of the unemployed.* Develop appropriate specialized treatment based on the continuous work of trained social investigators for the inmates of the municipal lodging house. Provide adequate facilities for the care and treatment of the sick, the mentally defective and the aged. Develop penal farm colonies for shirks and vagrants, training colonies and classes for the inefficient, and special workshops for handicapped and sub-standard workers.

#### 5. INDUSTRIAL TRAINING.

*Provide industrial training classes with scholarships for unemployed workers.*

#### 6. EMPLOYMENT EXCHANGES.

If one is not already in existence, *open an employment exchange to centralize the community's labour market*, using private contributions if necessary in the initial stages. Beware of poor location and insufficient appropriations, of political appointees and general inactivity. Do not start temporary philanthropic exchanges in times of depression if there is a public bureau which can be made efficient. *Stimulate the co-operation of citizens to improve the existing public exchange and to co-ordinate the work of non-commercial private bureaus.* Secure adequate legislation establishing permanent state or municipal bureaus, extending joint city-state-federal control in their administration, and regulating private agencies. Work for federal legislation and appropriations to develop a *national system of employment exchanges.*

## 7. PUBLIC WORK.

Start or push forward special public work, using private contributions in time of urgent need if public funds cannot be obtained. This should not be "made" or unnecessary work, but needed public improvements in as great variety as possible, so as to furnish employment to other sorts of persons besides unskilled labourers. Give preference to resident heads of families if there is not work enough for all applicants. *Employ for the usual hours and wages*, but rotate employment by periods of not less than three days. Supervise the work carefully and *insist upon reasonable standards of efficiency*. To avoid the difficulties of emergency action make systematic plans for the regular concentration of public work in dull years and seasons by special provisions in the tax levy or by other appropriate method. Urge the repeal of laws restricting cities to contract work. Secure the aid of state and national officials in stimulating local action. *Steady the employment of the regular force*, retaining employees on part time in preference to reducing their numbers.

## 8. REGULARIZATION.

In times of depression, urge the use of regular employees in making repairs and improving the plant, and the policy of part time employment rather than reduction in numbers. Do not rely upon general appeals to "Do it now," "Hire a man," and the like, addressed to the public-at-large without definite suggestions as to method. *Rouse employers to the importance of the problem and the advantages of regularization*. Stimulate careful planning for this purpose by experts as part of the *regular routine* of business management. Encourage the formation of employment managers' associations.

## 9. UNEMPLOYMENT COMPENSATION.

Work for the establishment by legislation of a system of unemployment compensation, supported by contributions from employers as the most just and economical method for the proper maintenance of the necessary labour reserves and as supplying the financial pressure needed to secure the widespread regularization of industry.



# The Provincial Board of Health of Ontario

## CASES AND DEATHS OF COMMUNICABLE DISEASES REPORTED FOR THE PROVINCE BY LOCAL BOARDS OF HEALTH FOR THE YEAR 1921.

### COMPARATIVE TABLE.

Diseases	1921		1920	
	Cases	Deaths	Cases	Deaths
Smallpox .....	3,787	18	5,169	69
Scarlet Fever .....	4,564	126	5,130	150
Diphtheria .....	6,313	525	5,940	654
Measles .....	2,851	40	15,423	210
Whooping Cough .....	2,357	131	2,042	210
Typhoid .....	725	184	713	182
Tuberculosis .....	2,286	1,500	2,259	1,662
Infantile Paralysis .....	81	20	37	14
Cerebro-Spinal Meningitis .....	79	66	77	67
Influenzal Pneumonia .....	355	159	x24,284	2,416
Primary Pneumonia .....	.....	2,325	.....	3,482
	<u>23,398</u>	<u>5,094</u>	<u>61,074</u>	<u>9,080</u>

xEpidemic in February and March.

## VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH FOR YEAR 1921.

### COMPARATIVE TABLE.

Diseases.	1921	1920
	Cases	Cases
Syphilis .....	2,477	1,740
Gonorrhoea .....	2,554	2,158
Chancroid .....	61	82
	<u>5,092</u>	<u>3,980</u>

**COMMUNICABLE DISEASES REPORTED BY LOCAL  
BOARDS OF HEALTH FOR THE MONTH OF  
DECEMBER, 1921.**

COMPARATIVE TABLE.

Diseases	1921		1920	
	Cases	Deaths	Cases	Deaths
Smallpox .....	128	0	555	5
Scarlet Fever .....	600	16	711	17
Diphtheria .....	743	60	778	74
Measles .....	94	2	973	7
Whooping Cough .....	95	9	335	16
Typhoid Fever .....	28	5	59	25
Tuberculosis .....	174	139	181	114
Infantile Paralysis .....	1	0	7	3
Cerebro-spinal Meningitis .....	5	3	7	7
Influenza .....	4	4	45	12
Pneumonia .....		215		242
	<hr/> 1,872	<hr/> 453	<hr/> 6,651	<hr/> 522

**VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS  
OF HEALTH FOR DECEMBER, 1921.**

COMPARATIVE TABLE.

	1921	1920
	Cases	Cases
Syphilis .....	183	229
Gonorrhoea .....	230	269
Chancroid .....	5	9
	<hr/> 418	<hr/> 507

The health of the Province should be considered most satisfactory as indicated by reports made by the local boards of health of communicable diseases for the month of December last, as compared with the corresponding month of December, 1920.

The total decrease is 1,779 in the number of cases and in deaths 69.

Several of the diseases show a decrease in cases as follows: Smallpox 427, scarlet fever 111, diphtheria 35, measles 879, whooping cough 240, typhoid 31, influenza 40.

## Public Health Nurses in Canada

The following table has been compiled by a committee of the Public Health Section of the Canadian National Association of Trained Nurses from reports submitted by the members of the Provincial Associations. The figures are approximate, only, but it is hoped that a corrected statement will be possible in time for the annual convention in Edmonton. The population figures also are estimated, as the final returns from the Dominion census are not available:—

Provinces with estimated Population	Depts. Public Health	Depts. of Education	Dept. of Soldiers' Civil Re-establishment	Victorian Order of Nurses	Other Private Agencies	TOTALS
Prince Edward Island 88,536	0	0	0	0	2	2
Nova Scotia . . . . . 524,597	14	8	3	24	14	63
New Brunswick . . . . . 388,092	2	1	2	10	11	26
Quebec . . . . . 2,349,067	44	0	3	55	58	160
Ontario . . . . . 2,929,054	168	99	23	99	75	464
Manitoba . . . . . 613,008	70	14	4	21	20	129
Saskatchewan . . . . . 745,010	21	18	3	5	10	57
Alberta . . . . . 581,995	21	0	2	9	5	37
British Columbia . . . . . 490,600	4	17	2	19	17	59
Yukon . . . . . 4,162	..	..	..	..	..	..
Total . . . . . 8,714,103	344	157	42	242	212	997

## News Notes

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Over 7,000 requests for the Annual Report of The Canadian Association for the Prevention of Tuberculosis were honoured before Christmas, 1921. This publication has a striking chart as a frontispiece entitled: "Forty years of ups and downs in the Province of Ontario," showing a tuberculous death rate of 149 per 100,000; population in the year 1900, as the highest, and 78 per 100,000, as the lowest in 1920. The Secretary's report records the encouraging progress made in this very essential work. The report of the Federal Department of Agriculture, on its function, as assisting municipalities to obtain their milk supply from herds proven by the Tuberculin test to be free from tuberculosis, shows increasing numbers of communities protected. No shortage of milk occurs and no increase in price has yet resulted in a community taking on the scheme. The Standardisation of herds for breeding purposes, is proceeding apace, limited only by the staff and finances available. The stockmen are very keen for its application, as evidenced by the 657 herds now under departmental test.

The Federal Department of Soldiers' Civil Re-Establishment reports of their Board of Sanatorium Consultants are synopsised. Dr. Lecler's report upon Paris Tuberculosis Conference, also gives an excellent review of the marked advances being made in France, where 16,500,000 francs were expended in 1919, alone.

Several interesting papers presented at the Toronto meeting together with the record of work of thirty-seven Institutions, in the different Provinces, forms a setting for President-elect Cook's optimistic address as to further activities of the Association.

An abbreviated Directory of 396 Canadian Agencies for the diagnosis and treatment of Tuberculosis, printed by the courtesy of the Federal Department of Health, is enclosed with each report, and shows 4,057 Sanatorium beds available. The large number of Public Health Nurses established by Provincial Boards of Health and Red Cross Society efforts, is astonishing.

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The Secretary of The Canadian Association for the Prevention of Tuberculosis is scheduled for visits to the three Maritime Provinces during February. It is planned that meetings be held with the

Provincial Health Officials and the Executives of the different tuberculosis treatment and diagnostic centres. Further, programme arrangements for joint congress in St. John, N.B., June 6th, 7th, 8th and 9th will be formulated.

A new, attractively printed folder called "In This Sign," "Ce Par Signe," has just been issued for use in communities endeavoring to establish Public Health Nurses and other increased Public Health activities. It is concise and has been very favorably commented upon. It is issued in both French and English. Copies as samples, or in quantities may be obtained, free of charge, by writing the Secretary—The Canadian Association for the Prevention of Tuberculosis, Bank Street Chambers, Ottawa.

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Sunday, February 19th, is Special Welfare Sunday in Toronto churches. At the request of the Toronto Social Hygiene Council the subject of Social Hygiene is stressed. A great deal of literature on the subject will be distributed.

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The annual meeting of the Canadian Public Health Association will be held 6th, 7th, 8th and 9th June, in St. John, New Brunswick. Plans are being made to make it a very representative meeting and all those who can possibly attend should make arrangements to do so.

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Arrangements are being made for the annual meeting of the Canadian Association for the Prevention of Tuberculosis to be held at the same time as the C.P.H.A. is meeting.

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The Canadian National Council for Combating Venereal Diseases will also hold its Annual Meeting in St. John.

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The recent Farmers' Course at the University of Toronto has proved to be a great success from every aspect, the students showing the keenest interest in the lectures and demonstrations given. The talks on Public Health and Sanitation were especially well attended and the students seemed to appreciate the need for greater effort along health lines.

An interesting feature of the Public Health Course was the showing of the film "An Equal Chance," depicting a Public Health Nurse actually at work, and the value of the services she renders

to any community. Requests were made by all the students for copies of the Public Health Almanac and other health publications.

The film "How Life Begins," which has been prepared to further the interests of Social Hygiene, is becoming increasingly popular. Recently Dr. R. R. McClenahan of the Provincial Board of Health of Ontario exhibited this film before the senior medical students at Western University, London, Ont., and to a group of medical practitioners.

Miss Moore, Social Service Nurse of the Board, has also been busily occupied recently in exhibiting the film before audiences of women in Toronto and outside points. She has within the past week or two shown the film in Brantford, London, and Kitchener, and everywhere it was much appreciated.

The Health Almanac of the Provincial Board of Health of Ontario has proved to be a most popular publication. Hundreds of requests for copies have come from all over the Province, and the mailing room of the Board of Health has been nearly swamped of late with outgoing packages. There are still sufficient numbers of this Almanac left to supply those who have not yet seen it, and a postcard addressed to the Chief Officer of Health, Spadina House, Toronto, will bring to your door as many copies as you can distribute to your friends and acquaintances.

The Information Bureau of the Division of Industrial Hygiene, Ontario Provincial Board of Health, is becoming more and more useful. It offers to Health Officers, Social Welfare Associations, industrial physicians, sanitary engineers, employers and others an easy means of keeping in touch with the latest developments of Industrial Hygiene. The subjects covered are roughly industrial medical service, industrial sanitation in all its branches, occupational diseases, fatigue, and health legislation. Such a bureau is invaluable as making available the results of scientific advances and of practical experience in other countries.

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## Editorial

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### THE PREVENTION OF DIPHTHERIA.

**D**R. W. H. PARK, Director of Laboratories of the Department of Health of New York City, according to the "Nation's Health," recently submitted a report which showed that the cost of a case of diphtheria is from fifty dollars in a contagious disease hospital to more than one hundred dollars when the case is cared for at home. The cost of the cheapest funeral Dr. Park set down as seventy-five dollars. During the first six months of 1921 there were 10,722 cases of diphtheria reported in New York City and 611 died. According to the estimate the 10,722 cases cost \$536,000 and the cost of the 611 funerals was \$45,826, making the total cost resulting from diphtheria during the six months, \$581,826.

The report goes on to suggest that the obvious remedy is to give the Schick test to ascertain the susceptibility of the individual and the elimination of susceptibility by protective treatment. The cost of protecting one child is twenty-five cents. The cost of protecting every one of a million school children would be \$250,000. A report on how far the organization of such protective work has progressed in Canada would be useful. Correspondence on the subject is invited.

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An outbreak of smallpox which occurred in a certain district of India in 1878, carried off 58,000 natives who did not believe in vaccination. Finally, one tribe, the Thakers, who practised infanticide, allowed their female babies to be vaccinated, thinking it an easy way of getting rid of their surplus offspring. Later came a second visitation of smallpox and killed nearly all of the unprotected male children, leaving the vaccinated girls.

## Current Literature Dealing With Venereal Diseases

These abstracts are available through the courtesy of the American Social Hygiene Association.

**A TECHNIC OF INTRAMUSCULAR (EPIFASCIAL) INJECTION.** By John H. Stokes, M.D., *Medical Record*, April 30, 1921.

The author's experience with the injection of large quantities of solutions (100 c.c. or more) into the buttocks directed his attention to a phenomenon which suggested that the contents of the so-called intramuscular injection, when properly introduced, are deposited not within the body of the gluteus maximus or between its fasciculi nor yet within the subcutaneous fat, but in the areolar tissue on the upper surface of the fascia forming the extension of the fascia lata covering the glutens maximus. Following is an abstract of the pertinent facts:—

1. *Position of the Patient.* Injections into the buttocks are best given with the patient lying prone on a table. Relaxation should be complete. His legs should be placed in a position of moderate internal rotation "toed in."

2. *Instruments.* The 2 c.c. glass Luer syringe and three lengths of needles, one for very thin or flabby buttocks; one for medium, and one for fat buttocks are required.

3. *Point of Injection.* Injections into the buttocks should, in general, be given into the upper outer quadrant near its inner angle.

4. *Technic of Injection.* After sterilization with alcohol, the syringe is grasped with the right hand, while the left hand, placed flat on the buttocks, presses moderately and flattens and fixes the tissues. The needle is introduced to its full length by a quick stroke at an angle of 20 degrees from the vertical in a sagittal plane, with a slight inclination inward.

5. *Testing for the Presence of the Needle in a Blood Vessel.* As soon as the needle is introduced, the syringe is steadied with the left hand while an attempt is made to aspirate by pulling upward on the piston with the right hand. As soon as it appears that nothing can be aspirated from the deep tissue about the needle point,

the contents of the syringe may be injected, the right hand maintaining the proper angle of the needle. The flow of injected material should be free and the needle point should "feel" as if stuck in a board.

Attention is called to several details which contribute to a successful technic. The buttocks should be used in alternation for injection. Needle points should be of a rather long bevel and exceedingly sharp. The movement of the needle should be carefully controlled.

*If a Needle Breaks.* Presence of mind must be maintained. Do not exclaim or discuss the situation with the patient or nurse. Keep the left hand in position until an attempt can be made to recover the needle. The fragment just beneath the skin may sometimes be recovered by a small incision and with the aid of a hemostat. If the left hand is released from the buttocks, the needle is lost and can then be identified only by the roentgen ray and removed through an extensive surgical incision.

In regard to the use of insoluble suspensions for intramuscular injection, concentrated suspensions requiring small amounts for each injection are often less painful than thin suspensions. A satisfactory test of complete suspension consists of shaking until none of the suspension can be recognized in the groove at the juncture of the sides and bottom of the bottle when the bottle is inverted.

6. *Treatment of Complications.* If blood is obtained on aspiration after the introduction of the syringe, even in the minutest amount, the syringe should be withdrawn and the procedure repeated 1 cm. or more from the site of the unsuccessful attempt. To continue the injection in the face of a return of blood or even a tinged suspension, may be attended by fatal consequences from embolism. Heat, applications, and massage will relieve superficial indurations or nodules.

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CONTROL OF VENEREALLY DISEASED PERSONS IN INTERSTATE COMMERCE. By David Robinson. *Public Health Reports*, Vol. 36, No. 36, September 9, 1921.

The Federal Government has but little power to control the spread of diseases in the states. It has, however, passed laws which aim to prevent the spread of contagious diseases in interstate commerce. In addition, Congress has authorized the Secretary of Treasury to promulgate regulations in regard to it. Under this authority amendment No. 7 was added to the Interstate Quar-

tine regulations, which amendment regulates interstate travel of venereally infected persons. It is not the object of the federal or state health officers to prevent venereally diseased persons who go to another state in search of medical treatment; but the amendment is aimed at diseased prostitutes, procurers, vagrants, who not only neglect treatment but deliberately expose others. Some states have adequate follow-up systems and notify other states directly or through the Public Health Service when an infected person ceases treatment without permission and goes to another state. No difficulty has been experienced in inducing such persons to resume treatment. Any persons convicted of violating the Interstate Quarantine Regulations who come from communities in which there is no provision for treatment, will be detained and treated at the expense of the United States Government. Much can be accomplished in controlling venereal diseases if a strong co-operation exists between the health officers of the various states. Another strong legal measure is the provision of state laws requiring that physicians report names and addresses and other facts relating to venereally infected patients who refuse to continue treatment or who are likely to spread the disease. Many physicians have been able to induce patients to continue treatment simply by calling attention to the existence of these laws.

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*American Social Hygiene Association, January 15, 1922.*

*A Preliminary Report on the Treatment of Syphilis Complicating Pregnancy.* By Alfred C. Beck, M.D. *The American Journal of Obstetrics and Gynecology*, Vol. II., No. 4, October, 1921.

The work here reported was carried on in the Department of Obstetrics and Gynecology of the Long Island College Hospital. Thirty-two cases of syphilis complicating pregnancy were followed. The following is a brief summary:

The history and physical examination were of little value in making the diagnosis of syphilis. They aided in only six, or 18.7 per cent. of the cases.

The history of the previous pregnancies was helpful in sixteen, or 61.5 per cent. of the multiparae.

Eight unquestionably syphilitic multiparae carried all of their previous pregnancies to the period of viability and gave birth to living infants, 34.7 per cent.

This high percentage of living infants born to untreated syphilitic mothers emphasises the need for the routine prenatal Wassermann test and microscopic examination of every placenta.

If private patients object to the Wassermann test the placenta at least may be examined in order that early treatment in latent cases may be inaugurated.

The routine Wassermann test is a most valuable aid to prenatal work. This test, however, at times is misleading, for a positive reaction during pregnancy occasionally becomes negative after delivery, even though no treatment has been given.

Salvarsan may be given at any stage of pregnancy and its value is indicated by the following results:

Eleven cases that received one to three injections gave birth to five living nonsyphilitic infants and three infected ones that have done remarkably well under treatment.

Seventeen cases that received five or more injections were delivered of fourteen nonsyphilitic infants and one syphilitic infant and the infection in the latter has been easily controlled by treatment.

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## Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society.

### *Symposium on Child Welfare.*

Prepared by the Academy of Political and Social Science. The first part of the volume deals with problems of welfare involving all children—life, health, nutrition, dental hygiene and mental hygiene; the second part with socially handicapped children; while the third section comprises two articles devoted to the legal and administrative aspects of the child welfare movement. ("The Annals of the American Academy of Political and Social Science," November, 1921.)

### *Studies in Child Welfare.*

A series of studies on child welfare by the United States Children's Bureau:

1. Health problems of mother and infant.
2. The development, general hygiene and feeding of the child.
3. Problems related to safeguarding the health of the child.
4. Child mentality and management.
5. Play and recreation.
6. Children in need of special care.
7. Child labour.

### *Sight Conservation Among School Children.*

The Bureau of Child Hygiene in New York City has nine clinics for the conservation of eyesight. By far the most common cause of loss of vision is progressive near-sightedness, a condition that shows marked improvement with constant and careful attention. It is interesting to note the large number of children whose supposed mental defect miraculously disappeared when their vision was corrected by proper eye glasses. ("School Health News," Dec., 1921, p. 1.)

### *English-speaking Conference on Infant Welfare.*

Report of the proceedings of the second English-speaking conference on Infant Welfare held in London, England, July, 1921.

*Prevention of Blindness in Babies.*

Pamphlet in English and French of the Department of Health, Canada. Copies of this pamphlet may be obtained on application to the Secretary, Department of Health, Ottawa.

*Income and Infant Mortality.*

("Toronto Health Bulletin," Dec., 1921, p. 4.)

*Public Health Nursing in Nova Scotia.*

A resume of the past year's work by the 13 public health nurses supplied by the Nova Scotia Red Cross to the Department of Health of that Province. ("Quarterly Bulletin," Dept. of Public Health, Nova Scotia, Jan., 1922, p. 7.)

*The American Nurse; Her Past, Present and Future.*

("The Johns Hopkins Nurses Alumnae Magazine," August, 1921, p. 136.)

*The Nursing of Venereal Diseases in Children.*

("The Trained Nurse and Hospital Review, Jan., 1922, p. 31.)

*Smallpox and Vaccination.*

The large proportion of unvaccinated children in England led the Ministry of Health to issue this warning of the possible recurrence of an epidemic of smallpox. ("Ministry of Health Report," No. 8).

*Birth Rates in U. S. A., 1920.*

("United States Public Health Reports," Dec. 23rd, 1921, p. 3142.)

*Civic Control of Tuberculosis.*

("The Journal of State Medicine," Dec., 1921, p. 372.)

*Diet and Nutrition.*

A report of the British Ministry of Health on diet in relation to normal nutrition.

*Public Health Aspects of Diseases of the Heart.*

("The Medical Officer," Dec. 29th, 1921, p. 251.)

